



	Erasmus+ Programme Letter of Confirmation (SMP) Academic Year 2024/2025
We hereby confirm	that the student, from
Universidade de Lis	sboa (P LISBOA109), carried out a period of traineeship at
nstitution), as an	(name of the host exchange student within the Erasmus+ Programme from till/ (filled by the host institution). (dd/mm/yyyy)
took successfully	<pre>/ part on a traineeship work online (Note:apllies only for blended mobilities/BIP)/ till/ (dd/mm/yyyy) (dd/mm/yyyy)</pre>
Name and status	(host institution):
Name and status Signature:	(host institution):
Signature: Stamp of institut	ion: / (to be signed at the end of the traineeship period).
Signature: Stamp of institut: Date:/(dd/mm/)	ion: / (to be signed at the end of the traineeship period).
Signature: Stamp of institut Date:/ (dd/mm/y Please provide the	ion: / (to be signed at the end of the traineeship period). yyyy)
Signature: Stamp of institut Date:/ (dd/mm/y Please provide the Erasmus+ Report to	ion: / (to be signed at the end of the traineeship period). yyyyy) following information about the host institution <sup>(*)</sup> , to enable our
Signature: Stamp of institut Date:/ (dd/mm/y Please provide the Erasmus+ Report to Type of Institution	ion: / (to be signed at the end of the traineeship period). yyyy) following information about the host institution <sup>(*)</sup> , to enable our the European Commission: (e.g. public, private, NGO, research centre, university):
Signature: Stamp of institut: Date:/ (dd/mm/) Please provide the Erasmus+ Report to Type of Institution Economic Sector: _	ion: / (to be signed at the end of the traineeship period). yyyyy) following information about the host institution <sup>(*)</sup> , to enable our the European Commission: